PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

09777315

	CI	Laims as	PART 1)	l (Cotu		SMALL ENTITY TYPE			OTHER THAN				
T	OTAL CLAIMS	10					RAT	E	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE		1
TOTAL CHARGEABLE CLAIMS			10 minus 20=		• 0		X\$)=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		. 0		X40	•	 	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							+13			1			
* If the difference in column 1 is less than zero, enter *0" in column 2								/F		OR	+270=		
CLAIMS AS AMENDED - PART II								₹L	<u> </u>	JOR	OTHER	710.09	ľ
	(Column 1) (Column 2) (Column 3)							LL	ENTITY	OR	SMALL		
AMENDMENT &	R	CLAIMS EMAINING AFTER KENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	9	Minus	-2	\mathcal{D}		X\$ 9	£		OR	X\$18=		
AME	Independent •	TOR OF W	Minus	où (<u>چ</u>		X40	3		OR	X80= (Rees	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135			OR	+270= -	•	
4	4 6 6 (Column 1) (Column 2) (Column 3)									ОR	TOTAL ADDIT. FEE	262	ed
AMENDMENT B	R	CLAIMS EMAINING AFTER ENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT/ EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total •	19	Minus	-2	<u>0.</u>	- /	X\$ 9			OR	X\$18=		
AME	FIRST PRESENTAL	104 05 411	Minus.	on 4	C4 A III A	<u>-/</u>	X40	.	•	OR	X80=	-	
_	(TOTAL OF INC	CHIPCE DEP	·	COAIM	/"	+135			OR	+270=	•	
	Calm	h. 2			-		ADDIT, F			OR	TOTAL ADDIT, FEE		
6		olumn 1)		(Colum		(Column 3)			•	•			
MENT C	RE	CLAIMS EMAINING AFTER ENDMENT		NUME PREVIO PAID I	BER BUSLÝ	PRESENT EXTRA	RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDA	Total •	.O.	Minus	· 2	\mathcal{O}	•	X\$ 9			OR	X\$18=	·	
AR	Independent • '		Minus	· ••• · d	4	• _	X40-	7	•	OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 ,		+270=		
-	# If the entry in column 1 is less than the entry in column 2, write "o" in column 3. "If the Tilighest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."									OŖ	TOTAL		
	7 the Tilghest Number ! The Tilghest Number P	Previously Paid reviously Paid	ld For' IN THIS	SPACE I	less that	1 2. enter "3."	. ADDIT. F	_	coorless have	OR incol	ADDIT. FEE		
. '			·					_					